

# ADULT APPLICATION

28-501F

This form is read by machine. Please print the numbers and letters as shown.

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The information obtained in this form is for the internal use of the BSA only.

UNIT SCOUTERS (fill in the circle)

Council/district position

1. Scouting background:  
Position \_\_\_\_\_ Council \_\_\_\_\_ Year \_\_\_\_\_

EXPIRE DATE: / / TERM: MONTHS New leader Former leader

OR District name

2. Experience working with youth in other organizations.

TRANSFER FROM: COUNCIL NO. TYPE OF UNIT UNIT NO.

3. Previous residences (for last five years).  
City \_\_\_\_\_ State \_\_\_\_\_

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames) Middle name Last name

Suffix

4. Current memberships (religious, community, business, labor, or professional organizations).

Have you completed: Youth Protection training Fast Start training

Country Mailing address City State Zip code

State Zip code

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Home phone Business phone Ext. Cell phone

Date of birth (mm/dd/yyyy) Ethnic background: African American Native American Alaska Native Asian Driver's license No. X

State

Gender: M F Social Security number (required) Occupation

Employer

6. Additional information. (Mark each answer.)  
a. Do you use illegal drugs?  
b. Have you ever been convicted of a criminal offense? (If yes, explain below.)  
c. Have you ever been charged with child neglect or abuse?  
d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)  
e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)

Country Business address City State Zip code

Position Code Scouting position (description)

Are you an Eagle Scout? Date earned (mm/dd/yyyy)

Yes No / /

E-mail address Work Home (Select one)

@

Boys' Life subscription

I understand that:

APPROVALS FOR UNIT SCOUTERS

a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America.

b. In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council.

Signature of unit committee chairman

Date

I affirm that the information I have given on this form is true and correct. I will follow the Youth Protection guidelines.

Signature of chartered organization head or representative

Date

APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America.

Signature of applicant

Date

(ACCEPTED) Signature of Scout executive or designee

Date

Signature of Scout executive or designee

Date

4001

Registration fee \$

Boys' Life fee \$

LOCAL COUNCIL COPY

Retain on file for three years.